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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

	— Tielena, WT 39020-2301								
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						May 24 t	Second Semester o County Superin o State Superinter	tendent ndent
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION:	
This clain	m is for the	period beginning	3		,	20 and	ending	,	20
			1	month	day		n	nonth da	ny
CERTIF	ICATIO:	N:							
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	:				District Le	vel:
42 Rich	land		0745	Sidney E	lem			Elemen	ıtarv
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
70	5	1		52	1.57	78	07/18/05		
70	5	10		100	0.95	24	08/17/05		
70	5	11		86	0.95	22	07/18/05		
70	5	2		50	1.36	60	07/18/05		
70	5	3		77	1.57	78	07/18/05		
70	5	4		36	1.80	84	07/18/05		
70	5	5		26	1.57	78	08/17/05		
70	5	8		93	1.80	84	07/18/05		
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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						•	Second Semeste o County Superin o State Superinte	tendent
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRA	NSPORTATION:	•
•		period beginning	I	month		20 and er	nding	,	20 ay
CERTIFI	<b>ICATIO</b>	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:	nty: District:							District Le	evel:
42 Richl	and		0746	Sidney H	IS			High S	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
30	1	1		52	1.57	78	07/18/05		
30	1	10		100	0.95	24	08/17/05		
30	1	11		86	0.95	22	07/18/05		
30	1	2		50	1.36	60	07/18/05		
30	1	3		77	1.57	78	07/18/05		
30	1	4		36	1.80	84	07/18/05		
30	1	5		26	1.57	78	08/17/05		
30	1	8		93	1.80	84	07/18/05		

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

## **School District Claim for State Reimbursement for School Bus Transportation**

State	
District	
County	

	First Seme
DUE	February 1 to County
<b>DATES:</b>	February 15 to State S

		Helena, MT 59620-2501							
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					•	Second Semester County Superint State Superinter	tendent
COMPL	ETE THIS	CLAIM FO	)R STA	TE REIMI	BURSEMEN	T FOR SCH	OOL BUS TRAI	NSPORTATION:	
This clain	m is for the per	iod beginning	g		,	20 and end	ding	,2	20
			r	nonth	day		m	onth da	y
CERTIF	<b>ICATION:</b>								
The info	rmation on this	form is comp	olete and	accurate to th	e best of my kn	owledge.			
Date			Signatur	e, Chair, Board	d of Trustees				
County:			District:					District Lev	/el:
42 Rich	land		0747	Savage E	Elem			Elemen	tary
	District	Route		Miles	Rate	G	Inspection	Days Operated	Bus Driver's Social Security #
Percentage	#	#		Per Day	Per Mile	Capacity	mspection	Operated	Social Security #
Percentage 52		1		Per Day 77	1.15	54	08/03/05	Орсганси	Social Security #

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42 Richland

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

0748 Savage H S

School District Claim for State Reimbursement for School Bus Transportation

**High School** 

State	
District	
County	

	•						
DUE DATES:	First Ser February 1 to Coun February 15 to State	ty Superintendent			Second May 10 to County May 24 to State S	_	
COMPLE	TE THIS CLAIM FOR STAT	TE REIMBURSEM	IENT FO	R SCHOOL	BUS TRANSPORT	TATION:	
This claim	is for the period beginning	_ and ending	month	, 20 day			
CERTIFICATION:							
The inform	nation on this form is complete and a	ccurate to the best of m	y knowledg	<b>.</b>			
Date	Signature	, Chair, Board of Trustee	es				
County:	District:					District Level:	

District Route Miles Rate Days **Bus Driver's** Percentage # # Per Day Per Mile Capacity Inspection Operated Social Security # 2 1 48 77 1.15 54 08/03/05 2 48 2 47 08/03/05 126 0.95

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

		- 11616	ila, ivi i	39020-23	U I				
DUE DATES:		February 1 February 1	5 to Stat	nty Superint te Superint	endent		May 24 t	Second Semester o County Superin o State Superinter	tendent ndent
COMPL	ETE TH	IS CLAIM FO	OR STAT	TE REIMI	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION:	
This clain	n is for the	period beginning	3		<b>,</b>	20 and ε	ending	,	20
			m	onth	day		n	onth da	y
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and a	ccurate to th	e best of my kn	owledge.			
Date Signature, Chair, Board of Trustees									
County:			District:					District Le	vel:
42 Richl	and		0749	Brorson	Elem			Elemen	itary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	11	1	Ī	88	1.36	66	08/11/05		
100	11	1A		88	1.15	55	08/11/05		
100	11	171			1.15		00/11/03		

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

	— — Ticiciia, iii 1 33020-2301								
DUE DATES:	residury to to state superintendent						May 24 to	Second Semester o County Supering o State Superinter	tendent ndent
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	T FOR SCH	IOOL BUS TRAI	NSPORTATION:	
This clain	n is for the	period beginning	g		,	20 and er	nding	,	20
			1	month	day		m	onth da	y
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District	:				District Lev	vel:
42 Richland 0750 Fairview Elem					Elem			Elemen	ıtary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
70	13	1		67.6	0.95	36	08/15/05		
70	13	2		79	0.95	19	08/15/05		
70	13	3		119.2	0.95	21	08/15/05		
70	13	5		57.3	0.95	19	08/15/05		
70	13	6		148.4	0.95	42	08/15/05		
70	13	6A		149.4	0.95	42	08/15/05		

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	T FOR SC	CHOOL BUS TR	ANSPORT	CATION	<b>:</b>
This clain	n is for the	period beginning	g		,	20 and	ending		,	20
				month	day			month	d	ay
CERTIF	<b>ICATIO</b>	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date			Signatu	re, Chair, Boar	d of Trustees					
County:			District	:					District Le	evel:
42 Richl	and		0751	Fairview	HS				High S	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated	Bus Driver's Social Security #
30	3	1		67.6	0.95	36	08/15/05			
30	3	2		79	0.95	19	08/15/05			
30	3	3		119.2	0.95	21	08/15/05			
30	3	5		57.3	0.95	19	08/15/05			
30	3	6		148.4	0.95	42	08/15/05			
30	3	6A		149.4	0.95	42	08/15/05			
100	3	8		19.6	0.95	42	08/31/05			

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100

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
COMPL	ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR	R SCHOOL BUS TRANSPORTATION:
This aloi	n is for the newled beginning	and anding

7.8

47.6

8.6

1.15

0.95

0.95

This claim is for the period beginning			,	, 20 and ending			, 20		
			month	day		m	onth da	ay	
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	olete and accurate	to the best of my kn	owledge.				
Date			Signature, Chair,	Board of Trustees					
County:			District:				District Le	evel:	
42 Richl	land		0754 Rau I	Elem			Elemei	ntary	
Percentage	District #	Route #	Miles Per Da		Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	21	1	28	0.95	48	08/03/05			
100	21	2	108	1.15	54	08/03/05			
	1				I	I			

54

35

35

08/03/05

08/03/05

08/03/05

PI	

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

		— 11010	iia, ivi	1 39020-23	01				
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					May 24 to	Second Semester County Superint State Superinter	tendent ndent
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCI	HOOL BUS TRAI	NSPORTATION:	
This clain	n is for the	period beginning	;		,	20 and e	nding	, 2	20
				month	day		m	onth da	y
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County: District:								District Lev	vel:
42 Richland 0768 Lambert Elem					Elem			Elemen	itary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	86	1		153.2	0.95	36	08/04/05		
50	86	2		70.6	0.95	41	08/04/05		
50	86	2A		73.8	0.95	41	08/04/05		
50	86	3		120.2	0.95	36	08/04/05		
50	86	3A		115.4	0.95	36	08/04/05		
50	86	5		93	0.95	36	08/04/05		

PI

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

		— 11010	iia, ivi i	39020-23	01					
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	URSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION	•	
This claim is for the period beginning							and ending, 20			
			n	nonth	day		m	onth d	ay	
CERTIF	[CATIO]	N:								
The infor	mation on	this form is comp	lete and a	accurate to the	e best of my kn	owledge.				
Date	Signature, Chair, Board of Trustees									
County:			District: District Level:							
42 Richl	and		0769 Lambert H S				High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	4	1		153.2	0.95	36	08/04/05			
50	4	2		70.6	0.95	41	08/04/05			
50	4	2A		73.8	0.95	41	08/04/05			
50	4	3		120.2	0.95	36	08/04/05			
50	4	3A		115.4	0.95	36	08/04/05			
50	4	5		93	0.95	36	08/04/05			